

POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

- 1 Public Employer: Township of Wyckoff
- 2 Employee Organization: Policemen's Benevolent Association, Local No. 261
- 3 Base Year Contract Term: January 1, 2015 - December 31, 2018
- 4 New Contract Term: January 1, 2018 - December 31, 2022

County: Bergen

Number of Employees in Unit: 25

SECTION II: Type of Contract Settlement (please check only one)

- 5 Contract settled without neutral assistance
- 6 Contract settled with assistance of mediator
- 7 Contract settled with assistance of fact-finder
- 8 Contract settled in Interest Arbitration

9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award?

Yes No

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10	Salary Costs in base year	\$ <u>2,466,136</u>
11	Longevity Costs in base year	\$ <u>115,380</u>
12	Other base year salary costs	
	Detective Pay	\$ <u>4,500</u>
		\$ <u></u>
Sum of "Other" Costs Listed in Line 12.		\$ <u>4,500</u>
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ <u>2,586,016</u>

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 2,586,016

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	<u>1/1/18</u>	<u>1/1/19</u>	<u>1/1/20</u>	<u>1/1/21</u>	<u>1/1/22</u>	
16	Cost of Salary Increments and Salary Increases (\$)	<u>\$102,055</u>	<u>\$87,423</u>	<u>\$73,000</u>	<u>\$73,000</u>	<u>\$73,000</u>	
17	Salary Increase Above Increments (\$)	<u>**</u>	<u>**</u>	<u>**</u>	<u>**</u>	<u>**</u>	
18	Longevity Increase (\$)	<u>\$3,404</u>	<u>\$6,639</u>	<u>\$5,544</u>	<u>\$5,508</u>	<u>\$8,330</u>	
19	Total Increased Cost for "Other" Items (\$)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	
20	Total Increase (\$) (sum of lines 16-19)	<u>\$105,459</u>	<u>\$94,062</u>	<u>\$78,544</u>	<u>\$78,508</u>	<u>\$81,330</u>	

SECTION V: Average Increase Over Term of New CNA

21	Dollar Increase Over Life of Contract	<u>\$437,903</u>	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contract	<u>16.93</u> %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	<u>3.39</u> %	[Divide percentage on Line 22 by number of years of the contract]

**New CNA established a 15 step guide for employees hired after 1/1/2010 to replace the 11 step guide that was previously in effect. Amounts reflected on Line Item 16 represent the total increase in base salary, inclusive of salary increments.

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Clothing Allowance	\$21,875	\$0	\$0	\$0	\$0	\$0	
	Education Incentive Pay	\$1,500	\$0	\$0	\$0	\$0	\$0	
25	Totals (\$):	\$23,375	\$0	\$0	\$0	\$0	\$0	

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 481,464	\$ 481,464
27	Prescription Plan Cost	\$ _____	\$ _____
28	Dental Plan Cost	\$ _____	\$ _____
29	Vision Plan Cost	\$ _____	\$ _____
30	Total Cost of Insurance	\$ 481,464	\$ 481,464

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ 108,225	\$ 150,152
32	Contributions as % of Total Insurance Cost	22.5 %	31.2 %

33 Identify any insurance changes that were included in this CNA.

N/A

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Diana McLeod

Position/Title: CFO

Signature: D. McLeod

Date: 1/29/18

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016